



**Navajo County Public Health Services
Local Incentive Award Program**

**Contributing Partner
Staff SNAP-Ed Time Documentation Cover Sheet**

For Month of _____

Organization _____ **FFY** _____
Please Print

I have reviewed these time documentation forms which show an after-the-fact distribution of time spent in SNAP-Ed activities. There are ____ timesheets totaling ____ hours included with this cover sheet. (Maximum number of timesheets is 20 per cover sheet.)

Supervisor Signature

Date

